FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Mail Processing Section

SEP 082008

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL							
OMB Number:	3235-0076						
Expires:	!						
Estimated averag	e burden						
hours per respons	se16.00						

SEC US	E ONLY
Prefix	Serial
DATE R	ECEIVED
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Washington, OC UNIFORM LIMITED OFFERING EXEMI	PTION
Name of Offering (Check if this is an amendment and name has changed, and indicate change.) Archway Service, Inc.	
Filing Under (Check box(es) that apply): A Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	HALL BUT THE REAL PROPERTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY AND ADDRESS OF THE PART
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Archway Service, Inc.	08059597
Address of Executive Offices 5003 Fyler Ave., St. Louis, MO 63139 (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code) (314) 481-8356
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Distribution, maintenance and service of food processing equ	ipment.
Type of Business Organization	lease specify ROCESSED
corporation limited partnership, already formed other (p.	lease specify).
	SEP 1 2 2008
Month Year Actual or Estimated Date of Incorporation or Organization: 071 0 6 Actual Estim	nated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	THOMSON REUTERS

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

MO

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

A. BASIC IDENTIFICATION DA	TA
2. Enter the information requested for the following:	
 Each promoter of the issuer, if the issuer has been organized within the past five year 	
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposit 	
 Each executive officer and director of corporate issuers and of corporate general and 	l managing partners of partnership issuers; and
 Each general and managing partner of partnership issuers. 	
Check Box(es) that Apply: K Promoter K Beneficial Owner K Executive Office	icer 🐧 Director 🔲 General and/or Managing Partner
Full Name (Last name first, if individual)	
Sykes, William L.	
Business or Residence Address (Number and Street, City, State, Zip Code) 1034 Stonebrook, 110 Fallon, IL 62269	
Check Box(es) that Apply: R Promoter B Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
Haack, William M. Full Name (Last name first, if individual)	
58 Frederick Lane, St. Louis, MO 63122	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi Broadway, Travis	icer X Director General and/or Managing Partner
Full Name (Last name first, if individual)	
41 Guy Peart Road, Alexandria, LA 71302	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter X Beneficial Owner Executive Offi Ganey, Rick D.	icer X Director General and/or Managing Partner
Full Name (Last name first, if individual)	
120 Bayou Crossing Drive, Bossier City, LA 71111	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Offi	icer Director General and/or Managing Partner
Full Name (Last name first, if individual)	
Business or Residence Address (Number and Street, City, State, Zip Code)	
(Use blank sheet, or copy and use additional copies of t	this sheet, as necessary)

					B. 1	NFORMAT	ION ABOU	T OFFERI	NG		,		
١.	Has the	e icener cal	d, or does t	he issuer i	ntend to se	ll to non-a	ccredited i	nvestors in	this offer	ina?		Yes	No
••	1145 (11)	c 1334C1 301	d, or does t			ı Appendix				_	***************************************	<u> </u>	니
2.	What is	s the minin	ium investr					-				\$5.0	00.00
	.,					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,					Yes	No
3.			permit join										
4.	commis If a pers or state	ssion or sim son to be lists, list the n	tion reques nilar remune sted is an as ame of the b you may s	ration for s sociated pe proker or de	solicitation erson or age ealer. If me	of purchase ent of a brok are than five	ers in conno cer or deale e (5) persoi	ection with er registered ns to be list	sales of sed with the S ed are asso	curities in t SEC and/or	he offering with a state	2	
	l Name (ne	Last name	first, if ind	ividual)									
		Residence	Address (N	lumber and	d Street, C	ity. State, 7	(ip Code)						
Nai	nc of As	sociated B	roker or De	aler									
Sta	es in WI	hich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All State:	s" or check	individual	States)							☐ Al	l States
	ĀL	AK	AZ	AR	CA	col	CT	DE	DC	FL	GA	HI	ID
		IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	<u>NM</u>	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	<u>'TN</u>	TX	<u>UT</u>]	VT	VA	\overline{WA}	$\overline{\mathbf{w}}\mathbf{v}$	WI	WY	PR
Ful	l Name (Last name	first, if ind	ividual)									
Bus	iness or	Residence	: Address ()	Number an	d Street, C	ity, State,	Zip Code)						
Naı	ne of As	sociated Bi	oker or De	aler						···	 -	<u></u>	
Sta	es in Wh	nich Person	Listed Has	s Solicited	or Intends	to Solicit	Purchasers		.				
	(Check	"All States	or check	individual	States)							□ VI	l States
	AL	AK)	A7	AR	CA	<u> </u>	CT	DE]	DC	FL	GĀ	нП	ĪD]
	II.	IN	IA	KS	KY	I.A	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NŸ	NC	ND	<u>OH</u>	OK	OR	PA
	RÏ	SC	SD	TN	TX	<u>UT</u>]	VT	\overline{VA}	WA	$\overline{\mathbf{w}}\overline{\mathbf{v}}$	WI	WY	PR
Full	Name (Last name	first, if indi	ividual)	<u>-</u>				•				
Bus	iness or	Residence	Address (1	Vumber an	d Street, C	ity, State, 2	Zip Code)						
Nar	ne of Ass	sociated Br	oker or Dea	aler									
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit I	Purchasers						
	(Check	"All States	or check	individual	States)	*****************			***************************************	***********		□ vi	States
				A 13	CA	ത	CT	DE]	DC]	FL	GA	HI	ĪD
	AL	AK	<u> </u>	AR	<u>UA</u>	<u> </u>					4:12		
	AL IL MT	AK IN NE	IA NV	KS NH	KY NJ	LA	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

ι.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity	400,000	s <u> </u>
	▼ Common Preferred		
	Convertible Securities (including warrants)	<u> </u>	s
	Partnership Interests	n	\$ <u> </u>
	Other (Specify)	_	s
	Total	400,000	§ 0
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors O	Aggregate Dollar Amount of Purchases • 0
	Accredited Investors		J
	Non-accredited Investors	^	\$
	Total (for filings under Rule 504 only)		s
	Answer also in Appendix. Column 4. if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		s <u> </u>
	Regulation A		\$ <u>00</u>
	Rule 504 equi	ty-common	\$ <u>400,000</u>
	Total		\$ <u>400,000</u>
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees] \$ <u> </u>
	Printing and Engraving Costs] · \$ <u> </u>
	Legal Fees		\$1,000
	Accounting Fees] \$ <u> </u>
	Engineering Fees] \$
	Sales Commissions (specify finders' fees separately)		
	Other Expenses (identify)		s
	Total] \$ <u> 1</u> ,000

check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors. & Pay Affiliates O Salaries and fees	\$ 50,000 \[\frac{1}{2} \frac
check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors. & Pay Affiliates O Salaries and fees	\$ 50,000 \[\frac{1}{2} \frac
check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors. & Pay Affiliates O Salaries and fees	∑\$ <u>50,000</u> ☐ \$
check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors. & Pay Affiliates O Salaries and fees	∑\$ <u>50,000</u> ☐ \$
check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors. & Pay Affiliates O Salaries and fees	∑\$ <u>50,000</u> ☐ \$
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check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors. & Pay Affiliates O Salaries and fees	□\$ X \$ 50,000
check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to Officers. Directors, & Pay Affiliates O Salaries and fees	□\$ X \$ 50,000
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check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above. Payments to	Payments to
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE		
1.	Is any party described i	n 17 CFR 230.262 presently subject to any of the disqualification	Yes	No
	provisions of such rule?			X

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
Archway Services, Inc.	WellAMHour	August 28 , 2008
Name (Print or Type)	Title (Print or Type)	
William M. Haack	Vice President	

Instruction.

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX								
ı	Intend to non-a investor	2 I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				ification te ULOE attach tion of granted)
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL									
AK									
AZ									
AR									
CA									
СО									
СТ									
DE									
DC									
FL									
GA					1				
ні									
ID									
IL									
IN							· —		
IA									
KS									
KY	X		Common Stock \$400,000						
LA	<u> </u>		Common Stock \$400,000			0	0		_x
МЕ									
MD	,								
МА									
MI									
MN									
MS									
				<u>i</u>				_ !	

2 1 4 Disqualification Type of security under State ULOE and aggregate Intend to sell (if yes, attach offering price Type of investor and explanation of to non-accredited offered in state waiver granted) investors in State amount purchased in State (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) (Part C-Item 2) Number of Number of Non-Accredited Accredited State Yes No Investors Amount Investors Amount Yes No MO MT NE NV NH NJ NM NY Common Stock X NC \$400,000 ND ОН OK OR PA RI SC SD TN TXUT VT VAWA WV Common Stock WI X \$400,000

APPENDIX

				, APP	ENDIX					
1		2	3		4		Disgua	lification		
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of investor and amount purchased in State (Part C-Item 2)			amount purchased in State			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
WY PR										

